EMERGENCY NOTIFICATION DATA

Employee Name: ID # or Social Security #

(Last) (First) (MI)

In the event of an accident or emergency, Adams State College will attempt to contact one of the following individuals in the order listed. Please complete the entire document including two individuals, your primary physician, and any health conditions that may influence your health care.

Employees are responsible for updating this information as changes occur.

1. _____ _____
(Last) (First) (Relationship)

_____ _____ _____ _____
(Street) (City) (State) (Zip)

_____ _____ _____
(Home Phone) (Business Phone) (Other Phone)

2. _____ _____
(Last) (First) (Relationship)

_____ _____ _____ _____
(Street) (City) (State) (Zip)

_____ _____ _____
(Home Phone) (Business Phone) (Other Phone)

Physician:

_____ _____
(Last) (First) (Office Phone)

_____ _____ _____ _____
(Street) (City) (State) (Zip)

Allergies:

Health Conditions: